



Pre-Event Screening Worksheet for Smallpox Vaccine

The smallpox vaccine contains a live virus that is closely related to the smallpox virus. Most people who receive this vaccine will not have any adverse reactions. However, some people should not receive the vaccine because they are at risk of having problems following vaccination.

The smallpox vaccine is not like most other vaccines you may have received in the past. The vaccine virus can be spread from person to person, which means that problems following vaccination can occur both in the vaccinated person and his or her close contacts. Your close contacts include everyone who lives in your household and anyone that you have close, physical contact with (such as a sex partner). Before being vaccinated, you should find out if you and your close contacts have any of the conditions listed below. Also write down the names and doses of all prescription medications that you and your close contacts take. Talk with your doctor or pharmacist if you are not sure.

This worksheet contains questions designed to help you determine if you should not receive smallpox vaccine because of certain medical conditions that would place you or your close contacts at risk for a serious reaction from the vaccine. If you determine that you should not receive this vaccine, then you should not attend the vaccination clinic. Otherwise, you should bring the worksheet to the vaccination clinic after filling it out. If you are not sure about some responses, you should try to get the answers from your doctor before going to the vaccination clinic.

Some of these questions are of a personal and sensitive nature. This worksheet will not be collected by those administering the smallpox vaccine

Who should not receive smallpox vaccine?

You should NOT receive the smallpox vaccine if you or a close contact has any of the conditions listed below. Close contacts include anyone living in your household and anyone you have close, physical contact with (such as a sex partner). Friends or people you work with are not considered close contacts.

- Known or suspected HIV/AIDS infection.
- A condition that impairs the immune system like leukemia, lymphoma, or a primary immune deficiency disorder.
- Some severe autoimmune diseases such as systemic lupus erythematosus (SLE) that may significantly suppress the immune system.
- Use drugs that affect the immune system, like oral steroids (prednisone and related drugs), some drugs given for autoimmune diseases, or drugs taken in association with an organ or bone marrow transplant.
- Are receiving or recently received chemotherapy or radiation therapy for cancer.
- Currently pregnant or might become pregnant within 4 weeks after smallpox vaccination. **Any woman who might be pregnant should perform a pregnancy test with a "first morning" urine sample on the day of vaccination.**
- Some skin diseases in childhood or adulthood, including atopic dermatitis or eczema.
- A history (as a child or adult) of a RECURRING itchy, red rash that lasted more than 2 weeks and was located in the creases of the arms or legs (even if currently resolved).

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- Darier's disease (keratosis follicularis), a skin disease that usually begins in childhood.
- Had a serious, life-threatening reaction to smallpox vaccine in the past (does not apply to close contacts).

Who should delay vaccination?

You should delay receiving the smallpox vaccine if you meet any of the following criteria:

- You are currently breastfeeding
- You (or a close contact) currently have a skin problem that causes significant breaks in the skin surface, such as burns, severe acne, impetigo, chickenpox, shingles, poison ivy, or other rashes (including those caused by prescription medications).
- You are currently using steroid drops in your eyes.
- You have a moderate or severe illness (including an illness with a fever).

You can receive the smallpox vaccine after the acute illness or rash goes away, or after you stop using these medications, and your doctor approves the vaccination.

What about HIV infection?

Up to 300,000 people in the United States may be infected with the HIV virus and do not know it. You can have HIV infection and feel completely well. Although you may seem fine, if you have HIV infection you are at risk for serious, life-threatening reactions from this vaccine. If you do not know your HIV status, you should talk with your private doctor to decide if you should be tested before volunteering to get vaccinated. People with conditions such as HIV or AIDS that can suppress their immune system are at higher risk for having severe adverse events after vaccination.

Below is a list of factors that may place you at higher risk for having HIV infection. If any of these apply to you, you should strongly consider being tested for HIV before getting the smallpox vaccine. In addition, since some people with HIV do not have these risk factors, if you have any concerns please get tested.

1. Use of needles to inject anything not prescribed by your doctor
2. Had an accidental needle-stick
3. Had sexual contact with someone who has HIV/AIDS or has had a positive test for HIV/AIDS virus
4. Had sexual contact with a prostitute or someone else who takes money or drugs or payment for sex
5. Had sexual contact with someone who has ever used needles to inject anything not prescribed by a doctor
6. For women: Had sexual contact with a man who has ever had sexual contact with another male
7. For men: Had sexual contact with another man

Screening questions

Please answer the questions on the following pages to help you determine if you should not get smallpox vaccine due to medical conditions or treatments that place you or your close contacts at greater risk for adverse reactions. Answer each question to the best of your knowledge. You may ask your health care provider or a clinic health care provider for assistance if you do not understand a question. If you need more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).

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Conditions	Do you have this condition?	Does a close contact have this condition?
1. Currently have cancer, or been treated for cancer within the past 3 months	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
2. An organ or bone marrow transplant	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
3. A disease that affects the immune system like lymphoma, leukemia, or a primary immune deficiency disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
4. An autoimmune disease such as systemic lupus erythematosus (SLE), that may suppress the immune system	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until you check with your doctor	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until you check with your contact's doctor
5. Currently pregnant or might be pregnant. <i>A pregnancy test is recommended if there is ANY chance you might be pregnant</i> (When did your last menstrual period begin? ____/____/____)	FEMALES ONLY: <input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
6. Currently breastfeeding	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Delay vaccination until you are no longer breastfeeding	Not applicable
7. An allergy to polymyxin B, streptomycin, chlortetracycline or neomycin	<input type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	Not applicable

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Conditions	Do you have this condition?	Does a close contact have this condition?
8. Had a serious, life-threatening reaction to smallpox vaccine at any time in your life	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	Not applicable
9. Have Darier's disease, a skin problem that usually begins in childhood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
10. Ever given a diagnosis of atopic dermatitis or eczema by a doctor, including as a baby or child	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
11. Currently have a skin problem that causes significant breaks in the skin surface These problems include burns, severe acne, poison ivy, chickenpox, shingles, or other rashes (including those caused by prescription medications)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Delay vaccination until your skin is healed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Delay vaccination until your contact's skin is healed

Please answer 'yes' or 'no' to indicate if you or a close contact is currently receiving any of the following treatments or drugs. *Talk to a health care provider if you are not sure.*

Treatments	Are you receiving this medication or treatment?	Is a close contact receiving this medication or treatment?
12. Intravenous steroids or oral steroid pills or capsules (prednisone or related drugs) taken for 2 weeks or longer within the past month	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:

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Treatments	Are you receiving this medication or treatment?	Is a close contact receiving this medication or treatment?
13. Drugs that affect the immune system like methotrexate, cyclophosphamide, and cyclosporine, among others, within the last 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:
14. Radiation therapy in the past 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
15. Chemotherapy for cancer in the past 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
16. Currently use steroid drops in your eyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	Not applicable

17. Do you currently have a moderate or severe illness?

☒ YES → You must wait until this illness goes away before you get vaccinated

☐ NO

Some individuals may not be sure if they have had eczema or atopic dermatitis. The following questions are designed to help you determine if you should not get vaccinated because you or a close contact may have a history of atopic dermatitis or eczema.

18. Do you currently have an **itchy red rash** that comes and goes but usually lasts more than 2 weeks, or did you have such a rash as a baby or child?

☒ YES → You may have eczema or atopic dermatitis. You should discuss this possibility with your doctor. Please answer questions 19 and 20.

☐ NO → **SKIP TO question 21**

☐ Don't know → You should discuss any rashes you have with your doctor.

If you can, please write down any information given to you by a doctor regarding this rash:

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19. Did the itchy rash affect the creases of your **elbows** or **knees**?

- ☐ YES → You likely have eczema or atopic dermatitis and should **NOT** get vaccinated at this time
- ☐ NO
- ☐ Don't know

20. Did you have **food allergies** as a baby or child?

- ☐ YES
- ☐ NO → **SKIP TO question 21**
- ☐ Don't know

IF YES → Do you also have **asthma** or **hay fever**?

- ☐ YES → You likely have eczema or atopic dermatitis and should **NOT** get vaccinated at this time
- ☐ NO

21. Does a close contact currently have an **itchy red rash** that comes and goes but usually lasts more than 2 weeks, or did a close contact have this condition as a baby or child?

- ☐ YES → Your close contact may have eczema or atopic dermatitis. Discuss this possibility with a doctor.
- ☐ NO
- ☐ Don't know → You need to find out more about your contact's rash before getting vaccinated.

If you answered 'YES' or 'Don't know' to question 21, more information is needed about your close contact before you get the smallpox vaccine. If you do not know the answers to the questions below, please ask the appropriate person to help you answer them. A parent should answer these questions if they apply to a child.

22. Ask your close contact if he or she has an **itchy red rash** that comes and goes but usually lasts more than 2 weeks, or if this person had such a rash as a baby or child?

- ☐ YES → Your close contact may have eczema or atopic dermatitis. Please gather information so that questions 23 and 24 can be answered. Check with the contact's doctor about the rash.
- ☐ NO

If you can, please write down any information given by a doctor regarding this rash:

23. Did the itchy rash affect the creases of the **elbows** or **knees**?

- ☐ YES → Your close contact likely has eczema or atopic dermatitis and you should **NOT** get vaccinated at this time
- ☐ NO
- ☐ Don't know

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24. Did the person with the rash have **food allergies** as a baby or child?

- ☐ YES
☐ NO
☐ Don't know

IF YES → Does the person with rash and food allergies also have **asthma** or **hay fever**?

- ☒ **YES** → Your close contact likely has eczema or atopic dermatitis and you should **NOT** get vaccinated at this time
☐ NO
☐ Don't know

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